

Application Information Nebraska Nursing License by Examination

Registered Nurse (RN) or Licensed Practice Nurse (LPN) License by Examination.

Use the License by Examination application if you need to pass NCLEX in order to qualify for a Nebraska RN or LPN license. If you have not yet graduated from a pre-licensure nursing program, you can submit this application up to sixty days prior to your expected graduation date.

The attached application is a **license** application. In addition to submitting the license application, you also need to register for NCLEX online at <http://www.pearsonvue.com/nclex/>.

Summary of the Application Process

Register for NCLEX through Pearson VUE	
Apply for a License	
<p>Submit these items with your license application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Application fee <input type="checkbox"/> Evidence of citizenship or lawful presence <input type="checkbox"/> Photograph of yourself <p>If applicable, submit the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conviction records <input type="checkbox"/> Discipline records <input type="checkbox"/> Documentation of name change 	<p>Request that these items be sent to our office:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Criminal background check <input type="checkbox"/> License verifications <input type="checkbox"/> Transcripts <p>Foreign Graduates also need to request:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CGFNS Certificate or CGFNS Visa Screen <input type="checkbox"/> English Language Proficiency Exam (if applicable)
<p>License Application documents should be sent to:</p> <div style="text-align: right;"> DHHS Licensure Unit Nursing Section 301 Centennial Mall South PO Box 94986 Lincoln NE 68509-4986 </div>	
<p>Schedule your exam with Pearson VUE. You cannot test until the Licensure Unit receives all documents required to complete your application and you receive an email from Pearson VUE with your Authorization to Test (ATT)</p>	

Compact Information – Nebraska belongs to the Nurse Licensure Compact. States that belong to a compact issue two types of licenses: single-state and multistate. A single-state license can be used to practice nursing in Nebraska. A multistate license can be used to practice in Nebraska and as a commuter or on a temporary basis in other Compact states. See chart on following page for requirements for a multistate license.

Before you apply for a Nebraska license, you should first find out if your home state belongs to the Compact. If you reside in a Compact state, you should apply for a multistate in your state of residency instead of Nebraska. You can apply for a Nebraska license if 1) you are in the process of moving to Nebraska or a non-Compact state, or 2) you do not qualify for multistate license in your home state. Find out if your state belongs to the Compact at <https://www.ncsbn.org/nurse-licensure-compact.htm>.

You can hold a Nebraska multistate license only if you meet these additional requirements:

- Primary state of residence must be Nebraska.
Primary state of residence is where you live, vote, hold a driver's license, and pay taxes.
- A valid Social Security Number
- No felony convictions
- No nursing-related misdemeanors
- Not currently participating in an alternative program*
- Disclose participation in an alternative program*.
- Have no probationary conditions or other disciplinary limitations on your license
- Have passed an English language proficiency exam if your nursing education was outside the United States and English is not your native language

* An "alternative program" is a monitoring program approved by a licensing board. Reasons for participating can include substance use disorders, mental/physical health issues, or because the licensee needs practice remediation.

If you do not meet the multistate requirements, you can be issued a single-state license to practice in Nebraska.

REQUIRED DOCUMENTS

Application Fee is \$123.00 or \$30.75 depending on when license is issued. See fee chart on the application form. Make check or money order payable to "DHHS Licensure Unit."

Citizenship/Lawful Presence

U.S. Citizens – Submit a photocopy of one of the following:

- ☐ Birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal. **Hospital-issued birth certificates are not accepted.**
- ☐ U.S. Passport (unexpired or expired)
- ☐ Certificate of Naturalization (N-550 or N-570)
- ☐ Certificate of Citizenship (N-560 or N-561)
- ☐ Certification of Report of Birth (DS-1350)
- ☐ Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- ☐ Certification of Birth Abroad (FS-545 or DS-1350);
- ☐ United States Citizen Identification Card (I-197 or I-179)
- ☐ Northern Mariana Card (I-873)

Non-Citizens – Submit photocopies of documents listed for one of the following options:

- ☐ Green card, also known as a Permanent Resident Card. (Copy both the front and back of the card.)
- ☐ Form I-94 and an unexpired foreign passport with a valid U.S. visa. (A tourist visa is not acceptable.)
- ☐ Employment Authorization Document (EAD) (cannot be expired) and at least one other document issued by USCIS or other government agency verifying your immigrant or non-immigrant status. Examples of acceptable documents include: Form I-94; letter from USCIS indicating your current status, or a Form I-20

Documents submitted by non-citizens will be verified through the Department of Homeland Security. The process can take 4-6 weeks.

Photograph of Yourself – Submit a recent wallet-sized photograph of yourself. Sign your name across the front of the photograph but do not sign across your face.

Criminal Background Check – You need to submit fingerprints and a processing fee to the Nebraska State Patrol. See attached instructions.

Transcripts – Submit an official transcript from your nursing program showing your degree and graduation date. Transcripts must be sent to our office directly from your school, or, if they are in a sealed, school envelope, submitted with your application. If you graduated from a nursing program outside of Nebraska and your final transcript does not list your nursing prerequisites, you must submit transcripts from all institutions from which you obtained credits required for your nursing degree. For graduates of foreign nursing schools, a complete Credential Evaluation Service Report will meet the transcript requirement.

Military Education, Training or Service.

If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

NOTE: The National Council of State Boards of Nursing (NCSBN) only recognizes The Air Force BMTCP 4N051 (5 Skill Level) course as comparable to a standard LPN program approved by the Nebraska Board of Nursing.

Foreign Educated Nurses should consult the “Foreign Educated Nurses” section on our website for additional requirements: <http://dhhs.ne.gov/licensure/Pages/Nurse-Licensing-Foreign-Educated-Nurse-Information.aspx>.

Name Change – If you have ever held a license or credential in Nebraska under a different name, provide a copy of the legal documentation of name change.

License Verifications – You need to submit a verification of every credential you hold or have held to provide health-related services in any state or jurisdiction other than Nebraska. Examples of health-related services include LPN, nurse aide, medication aide, EMT, pharmacy technician, etc. The verification must indicate whether or not there is any disciplinary action against the credential. Do not send a copy of the license card

Discipline Records – Report all disciplinary actions taken against any nurse license or any license, certificate, or registration you have held in a health care-related field, such as nurse aide, EMT, or pharmacy technician. If any disciplinary actions have been taken against you, submit a letter of explanation and a copy of the discipline order.

Convictions**A. Identify each and every misdemeanor and felony conviction.**

The application includes a question about whether you have any misdemeanor or felony convictions. You must answer, “yes” if you have ever been convicted of a felony or misdemeanor. You must list all your misdemeanor and felony convictions. It does not matter how long ago the conviction happened or whether or not you reported the conviction on a previous application. Infractions, diversions, and dismissals do not need to be listed.

If you have ever received a ticket from a law enforcement officer or were ever charged with an offense, you can check with the court system to determine if the incident appears on your record as a misdemeanor. Misdemeanors can be processed through traffic courts, so ask for a search of both criminal court and traffic court records.

Examples of Common Misdemeanors This list is provided to help you identify misdemeanors that are sometimes mistaken for infractions. This is not a complete list!	
<ul style="list-style-type: none"> • MIP • DUI / DWI • Open Container • Tobacco Use by Minor • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault • Disorderly Conduct / Disorderly House • Reckless Driving 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks • Bad Check

B. Documentation. For each misdemeanor or felony conviction on your record, include the following with your application:

- (1) A certified copy of the court record;
- (2) Your explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction;
- (3) If the conviction involved a drug and/or alcohol related offense and drug/alcohol treatment was obtained or required, all evaluations/discharge summaries; and
- (4) If you are currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

Timeframes for Processing Applications. All applications are reviewed in order of date received.	
Preliminary Review:	Approximately 15 days after receipt of application. You will be notified by email at this time of any items missing from your application file.
Criminal Background Check:	Approximately 4-6 weeks after fingerprints are submitted to Nebraska State Patrol
License Decision:	8-10 weeks from receipt of a complete application.
You are encouraged to complete all application requirements within 90 days to avoid closure of your file. If you do not submit all required documents within 150 days, your application will be destroyed.	

Contact Info: Telephone: (402) 471-4376 Fax: (402) 742-2360 Email: dhhs.nursingoffice@nebraska.gov

INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

Criminal background checks are NOT expedited for any reason.

To be eligible for a Nebraska RN, LPN, or APRN license, you must submit fingerprints and a fee to the Nebraska State Patrol for the purpose of a criminal background check.

The State Patrol will not begin processing the background check until 1) you have paid the required fee and 2) the Licensure Unit has received your application for a LPN, RN, or APRN license.

Even if you have recently obtained a criminal background check for another state or other license type, you **MUST** obtain a new criminal background check for your current application.

Completing the Fingerprint Card

1. **Use standard blue and white fingerprint cards** (Form #FD-258), which are available at any State Patrol office in Nebraska and at many local law enforcement agencies. If you wish to use an agency other than the Nebraska State Patrol to capture your fingerprints, contact the agency to see if they have FD-258 cards. You can also contact the Licensure Unit at (402) 471-4376 and request that cards be mailed to you.

2. **DO NOT FOLD THE FINGERPRINT CARDS.**

3. **Information to be completed on the Fingerprint Card:**

Print your full name, address with zip code, Social Security Number*, date and place of birth, and other information as requested. **DO NOT sign the fingerprint cards** until the law enforcement officer has verified your signature. **DO NOT write in the field labeled ORI.**

**If you do not have a U.S. Social Security Number, you must provide a government-issued identification number, an alien registration number, or a passport number in the "Miscellaneous No: MNU" section on the fingerprint cards. Indicate the type of number provided.*

In the box labeled "**Reason Fingerprinted**" print "Nursing 38-131" if you are applying for a RN or LPN license. Print "Controlled Substance 38-131" if applying for an APRN license or applying for APRN/RN licenses simultaneously. If applications for RN and APRN licenses are submitted separately, you will need to submit two sets of fingerprints and pay twice for the background check.

Photo ID

You must bring a valid photo ID with you when getting your fingerprints. Acceptable forms of ID include an unexpired driver's license, passport, permanent resident card ("Green Card,") or Employment Authorization Card.

FEE: \$45.25

There are 2 ways to pay:

1. **Credit Card or eCheck:** Go to www.ne.gov/go/nsp to submit credit card, debit card, or checking account information. A transaction fee will be added to your payment.

When paying online, you need to select a "transaction item." Select "Nursing" if you are applying for a RN or LPN license. Select "Controlled Substance" if you are applying for an APRN license or are applying for APRN/RN licenses simultaneously. If a company or person other than the applicant is paying for the fee, be sure to enter the licensure applicant's name, date of birth and the last 4 digits of social security number underneath the transaction item. The payer's information should be entered on the second page.

2. **Check or Money Order:** Write "fingerprinting" and the applicant's name on the memo line. Mail payment of **\$45.25** to: **Nebraska State Patrol, Attn: CID, 3800 NW 12th St Ste A, Lincoln NE 68521.**

The \$45.25 fee is for the processing of the criminal background check. If you have your fingerprints taken through an agency other than the Nebraska State Patrol, you may be charged an additional fee for the service of taking your fingerprints.

Fingerprinting Process

There are 2 ways to capture your fingerprints:

- **Live Scan:** Live Scan is available at all Nebraska State Patrol locations listed below and through some other law enforcement agencies in Nebraska. Live Scan captures fingerprints electronically. If obtained in Nebraska, fingerprint cards might not be required. If you use an agency outside of Nebraska that captures fingerprints with Live Scan, you must request that your fingerprints be printed onto a card. One (1) card is usually sufficient for Live Scan prints.
- **Ink and Paper:** If your fingerprints are taken using traditional ink and paper fingerprinting, you need to submit **two (2)** ink rolled cards to the Nebraska State Patrol.

Offices of the Nebraska State Patrol and Days/Hours that Fingerprinting is Conducted

Consult the State Patrol website - <https://statepatrol.nebraska.gov/services/fingerprinting> - for updates on availability of fingerprinting and a list of public LiveScan locations in Nebraska.

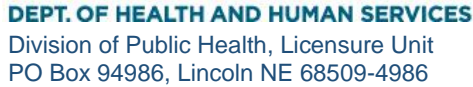
Troop	Location and Phone Number	Availability
Troop A – Omaha	4411 S 108th Street Omaha NE 68137 Phone: 402-331-3333	Monday- Friday, 8:00 a.m. to 4:00 p.m. Walk-ins only.
Troop B – Norfolk	1401 W Eisenhower Ave Norfolk NE 68701 Phone: 402-370-3456	Monday – Thursday, 8:30 a.m. to 4:00 p.m. Must call to schedule appointment.
Troop C – Grand Island	3431 Old Potash Highway Grand Island NE 68801 Phone: 308-385-6000	Tuesdays 9:00 a.m. to 4:00 p.m. Wednesdays 8:30 a.m. to 4:00 p.m. Thursdays 9:00 a.m. to 1:30 p.m. Must call to schedule appointment.
Troop D – North Platte	300 West South River Rd North Platte NE 69103 Phone: 308-535-6604	Monday - Thursday 8:00 a.m. to 4:00 p.m. Must call to schedule appointment.
Troop E – Scottsbluff	4500 Avenue I Scottsbluff NE 69361 Phone: 308-632-1214	Monday – Thursday 8:00 a.m. to 4:00 p.m. Must call to schedule appointment.
Troop H – Lincoln	Investigative Services Center 3800 NW 12th Street Ste A Lincoln NE 68521 Phone: 402-479-4971	Monday - Friday 8:00 a.m. to 4:00 p.m. Must call to schedule appointment.

Where do you send the fingerprint cards?

Mail fingerprint cards to: Nebraska State Patrol
Criminal Identification Division (CID)
3800 NW 12th ST STE A
Lincoln NE 68521

Criminal Background Check Notification: Pursuant to Neb. Rev. Stat. §38-131 (provided below), an applicant for an initial license to practice as a registered nurse or a licensed practical nurse or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. Applicants are able to receive any national criminal history record that may pertain to them directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and may then freely disclose any such information to whomever they choose. Applicants must authorize the dissemination of any national criminal history record that may pertain to them to the Department of Health and Human Services (DHHS) when applying for licensure. Applicants are entitled to challenge the accuracy and completeness of any information contained in any such report and will be provided a copy of the criminal history background report, if any, received if they appear at the DHHS in person and present proper identification. Information on how to challenge an applicant's federal report can be found at FBI.gov. To challenge an applicant's Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. Applicants may obtain a prompt determination as to the validity of their challenge before the DHHS makes a final decision about their application for licensure.

Neb. Rev. Stat. §38-131 - **Criminal background check; when required.** (1) An applicant for an initial license to practice as a registered nurse or a licensed practice nurse or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. Except as provided in subsection (3) of this section, the applicant shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The applicant shall authorize release of the results of the national criminal history record information check to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check. (2) This section shall not apply to a dentist who is an applicant for a dental locum tenens under section 38-1122, to a physician or osteopathic physician who is an applicant for a physician locum tenens under section 38-2036, or to a veterinarian who is an applicant for a veterinarian locum tenens under section 38-3335. (3) An applicant for a temporary educational permit as defined in section 38-2019 shall have ninety days from the issuance of the permit to comply with subsection (1) of this section and shall have his or her permit suspended after such ninety-day period if the criminal background check is not complete or revoked if the criminal background check reveals that the applicant was not qualified for the permit. Source: Laws 2005, LB 306, § 2; Laws 2005, LB 382, § 15; Laws 2006, LB 833, § 1; R.S.Supp 2006, § 71-104.01; Laws 2007, LB247, § 60; Laws 2007, LB463, § 31; Laws 2007, LB481, § 2; Laws 2011, LB687, § 1; Laws 2015, LB129; Laws 2018, LB731 § 1, Laws 2018, LB1034, § 5. Effective Date: July 19, 2018.



Rev 03-11-19

☐ RN (Registered Nurse)

☐ LPN (Licensed Practical Nurse)

FEES: The application fee is reduced if the license will expire within six months after being issued. Use the charts below to find the month and year when you **expect** to be issued your license. Keep in mind that application processing can take 8-10 weeks. Submit the fee listed in the corresponding box. Make check or money order payable to "DHHS Licensure Unit."

[illegible]

B. Licensure Compact

1. Declare your primary state of residence by checking a box below and completing the requested information.

- ☐ Nebraska is my primary state of residence.
- ☐ I am currently residing in _____ and I plan to move and make Nebraska my primary state of residence on _____.
- ☐ My primary state of residence is _____, and I have no current plans to move to Nebraska. I am applying for a single-state license.

**If your primary state of residence belongs to the Nurse Licensure Compact attach an explanation of why you are applying for a Nebraska license. Apply only if you do not qualify for a multistate license in your home state or you are in the process of moving to Nebraska or a non-Compact state.*

You will be notified if you need to submit verification of your primary state of residency. Acceptable documents include:

- current driver's license
- a current voter registration card displaying home address
- current federal income tax return with primary state of residence declaration
- Military Form No. 2058
- Current W2 showing declared state of residence.

2. To be considered for a multistate license, you must disclose whether or not you participate in an alternative program. An alternative program is a non-disciplinary monitoring program approved by a licensing board. If you decline to answer or leave this question blank, your application will be processed for a single-state license.

Are you a current participant in an alternative program? ☐ Yes ☐ No ☐ Decline to Answer

3. ☐ Check here if you are an active duty military nurse.
- ☐ Check here if you are the spouse of an active duty member of the U.S. Armed Forces stationed in Nebraska.

C. Nursing Program

Name of School:

Graduation Date:

Location

City:

State:

Country:

Type of Degree ☐ Certificate ☐ Diploma ☐ Associate Degree ☐ BSN or other Bachelors ☐ Other

Military: Did you complete education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state?

NOTE: The National Council of State Boards of Nursing (NCSBN) only recognizes The Air Force BMTCP 4N051 (5 Skill Level) course as comparable to a standard LPN program approved by the Nebraska Board of Nursing.

Yes ☐ No ☐

If yes, include evidence with this Application.

D. Examination

1	Have you previously applied by examination in Nebraska?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you previously taken the NCLEX licensing exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. Foreign Educated Nurses Must Complete The Following:

1	<p>If you are applying for a RN license and your basic nursing education did not occur in the United States, you must check one of the following:</p> <p><input type="checkbox"/> I hold or am applying for a CGFNS Certification Program certificate</p> <p><input type="checkbox"/> I hold or am applying for a CGFNS Visa Screen Certificate</p> <p><input type="checkbox"/> I passed the Canadian Nurses' Association Examination</p>
2	<p>If you are applying for a LPN license, and your basic nursing education did not occur in the United States, which service will submit your Credential Evaluation Service report?</p> <p><input type="checkbox"/> Commission on Graduates of Foreign Nursing Schools (CGFNS)</p> <p><input type="checkbox"/> Educational Records Evaluation Service, Inc. (ERES)</p> <p><input type="checkbox"/> International Education Research Foundation (IERF)</p> <p><input type="checkbox"/> Josef Silny & Associates, Inc.</p>
3	<p>Passing an English Language Proficiency Exam is required 1) if you are applying for a LPN license and your basic nursing education was not taught in English or 2) in order to be eligible for a multistate license if English is not your native language</p> <p>Name of English Language Proficiency Exam _____ Score _____</p>

F. License Information

1.	Do you hold or have you held an active or inactive license/credential in any other state(s) or jurisdiction(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list all other health profession licenses or credentials you hold or have held. Include all nursing licenses and all credentials for nurse aide, medication aide, EMT, pharmacy technician, and other health-related services.					
	Credential Type	State or Jurisdiction		Credential Type	State or Jurisdiction
1			4		
2			5		
3			6		
2.	Has any health care profession credential you hold or have held in another state or jurisdiction ever been denied, refused renewal, limited, suspended, revoked, or had other disciplinary measures taken against it? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list all actions below. If you need more room, list additional actions on a separate sheet.					
	License Type	State/Jurisdiction	Type of Action	Date of Action	

3.	Are there any disciplinary charges pending against any health care profession credential you hold or have held in another state or jurisdiction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain:		
5.	Have you ever been denied the right to take a licensure examination?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain:		
Note; If you have disciplinary charges pending or if your license has been revoked, suspended, limited, is on probation, or disciplined in any way, contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.			

G. Conviction Information

Read instructions carefully before completing this section. Failure to disclose all misdemeanor and/or felony convictions can lead to disciplinary action.

- 1. Have you ever been convicted of a misdemeanor or felony?** ☐ **Yes** ☐ **No**

If yes, you must list ALL misdemeanor or felony convictions regardless of when they occurred or whether you listed them on a prior application. If you need more space, list additional convictions on a separate sheet.

	Type of Crime	Date of Conviction	Name of Court or Jurisdiction
1			
2			
3			
4			
5			
6			
7			

- 2. Do you currently have any charges pending which may result in a misdemeanor or felony conviction?** ☐ **Yes** ☐ **No**

	If yes, describe type of charge	Date of Offense	Name of County or Jurisdiction

Note: Note: If you have any pending criminal charges that result in a misdemeanor or felony conviction, you are required to report the conviction to the Investigations Unit within 30 days of the conviction. Reporting forms can be obtained from <http://dhhs.ne.gov/pages/Investigations.aspx> or by calling (402) 471-0175.

H. Practice Prior to Licensure

An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing nursing. See instructions for information on when a nurse can work in Nebraska under a multistate license from a another state

Have you practiced nursing in Nebraska without a Nebraska license or without a valid, multistate license from another state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are the actual number of days you practiced in Nebraska without a license or valid license or valid compact privilege and what is the business name, location, and telephone number of the practice?	Number of Days:
	Name of Business:
	City:
	Telephone:

I. Attestation

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 check **ONE** of the boxes below:

I attest that:

☐ I am a citizen of the United States.

OR

☐ I am a qualified alien under the Federal Immigration and Nationality Act.

☐ I am a nonimmigrant lawfully present in the United States.

☐ Check this box if you are NOT a citizen of the United States, a qualified alien under the Federal Immigration and Nationality Act, nor a nonimmigrant lawfully present in the United State. (You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.)

Criminal Background Check Notification: All applicants for an initial license to practice as a registered nurse or a licensed practical nurse are subject to a criminal background check (Neb. Rev. Stat. §38-131).

I understand that I am able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose. By signing this application, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Department of Health and Human Services (DHHS) with whom I am applying for licensure. I understand that I am entitled to challenge the accuracy and completeness of any information contained in any such report, and that you will provide me a copy of the criminal history background report, if any, you receive on me if I appear at the DHHS in person and present proper identification. Information on how to challenge your federal report can be found at FBI.gov. To challenge your Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my application for licensure.

Application Attestation

I attest that:

1. I have read the application or have had the application read to me, and
2. All statements on this application are true and complete.

Print Name: _____

Signature*: _____ Date: _____

Sign your name after printing application. Electronic signatures are not accepted.

Mail application, fee, proof of citizenship/lawful presence, and any other required documentation to:

DHHS Licensure Unit
Nursing Section
301 Centennial Mall South
PO Box 94986
Lincoln NE 68509-4986

Fingerprints

1. I have had my fingerprints taken: ☐ Yes ☐ No
2. I have paid for fingerprint processing: ☐ Yes ☐ No

Examination Registration

I have registered for NCLEX ☐ Yes ☐ No

Contact Information: Telephone: (402) 471-4376 Fax: (402) 742-2360 Email: dhhs.nursingoffice@nebraska.gov